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RODERT M. SIMINSKI (Depositor's name) P.O. Box 828 Bloomfield Hills, MI 48303 04/04/2005 HVUONG2 00000143 09773365 (Depositor's name 300.00 OP 01 FC:1504 (Signature 02 FC:1501 1400.00 DP (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/773,365 01/31/2001 Suman Khowala 8920-000005 3998 TITLE OF INVENTION: METHOD FOR ENHANCING CELLOBIASE ACTIVITY OF THE NOVEL STRAIN TERMITOMYCES CLYPEATUS USING 2 DEOXY-D-GLUCOSE AS GLYCOSYLATION INHIBITOR OF PRESSURE TRANSDUCERS SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE APPLN. TYPE NO \$1400 \$300 \$1700 06/06/2005 nonprovisional CLASS-SUBCLASS **EXAMINER** ART UNIT MARX, IRENE 435-183000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Harness Dickey & Pierce, 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Council of Scientific and Industrial Rafi Marg New Delhi, India 110001 Research Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🎾 Corporation or other private group entity 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Issue Fee Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-0750 (enclose an extra copy of this form). ▲ Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ■ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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